The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: SENSE Short Break Service

Provider: SENSE

Date of Inspection: 12 February 2026

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider:	SENSE
Responsible Individual:	Mr Martin Walls
Registered Manager:	Mr Patrick Black – not registered

Service Profile – This home is a registered residential care home which provides health and social care for up to three residents with learning or sensory disabilities requiring short breaks. The home is situated on the ground floor of the building with individual bedrooms and a communal dining and living room.

There is an outdoor play and garden area for the use of residents.

2.0 Inspection summary

An unannounced inspection took place on 12 February 2026 between 9.30 am and 3.40 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last joint care and finance inspection on the 21 January, and the 13 February 2025 ,and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. A resident was observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

As a result of this inspection ten areas for improvement were assessed as having been addressed by the provider. Three areas for improvement will be reviewed at the next

inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

A resident appeared relaxed and indicated contentment through body language or non-verbal communication, such as smiling or giving the thumbs up.

Staff spoke of the quality of care in the home, the positive support from management, and the quality of training and staffing levels.

One returned questionnaire from a relative indicated high degrees of satisfaction with the care and services offered in the home. Comments included, "The staff are lovely, they anticipate needs and call beforehand to see if any updates are needed. "Some comments around activity provision were passed back to the manager for his attention.

Following the inspection, no additional feedback or comments were received from the resident questionnaire, or the staff survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing. Compliance figures for safeguarding training for staff were low. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Review of falls and head injury management within the home, and in discussion with the manager, highlighted that post incident observations were not being recorded on a structured tool. The manger was signposted to the Public Health Agency (PHA), post falls guidance document (June 2025), for guidance on good practice. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

The lunch time meal was calm, relaxed and unhurried. It was observed that a resident was enjoying their meal and their dining experience.

Staff were playing board games with a resident in the lounge on the morning of the inspection. The activity planner was not on display for residents. An area for improvement was identified.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

Residents' needs were met through a range of individual and group activities such as movie nights, games and musical activities.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Summary reports were not being completed by staff following a period of respite. A copy of these reports are to be sent to the resident's carer and the commissioning Trust. An area for improvement was identified.

Residents care records were held confidentially.

Care records were person centred and regularly reviewed. A care plan for a resident requiring enhanced care did not contain sufficient detail to direct staff in how to meet the client's needs. An area for improvement was identified. Care staff record regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

The home was clean and tidy. Bedrooms and communal areas were suitably furnished, warm and comfortable. The need for the home to complete an environmental audit, to make the environment more personalised and homely for residents living in was discussed with the manager. The need for signage to orient residents, for example to toilets or bedrooms, was also discussed. An area for improvement was identified.

There was no internal call bell system available for residents or staff in the home. An area for improvement was identified.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit. For example, fire safety checks, resident call system checks, electrical installation checks and water temperature checks.

Mops in the laundry were not being stored correctly. Some storerooms had items on the floor; preventing effective cleaning. An area for improvement was identified.

A fire door into the hall did not effectively self-close. This was brought to the manager's attention and fixed on the day of inspection.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance, however several staff were not were not bare below the elbow. An area for improvement was identified.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection Mr Patrick Black has been the acting manager in this home since 27 January 2026.

Staff commented positively about the manager and described him as supportive, approachable and able to provide guidance.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to residents. There was a system in place to manage complaints.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Standards.

	Regulations	Standards
Total number of Areas for Improvement	0	12*

* the total number of areas for improvement includes three standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Patrick Black, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 **Ref:** Standard 15.7 **Stated:** First time **To be completed by:** 15 March 2025	The responsible individual shall ensure that a more robust system is implemented for the recording of financial transactions undertaken on behalf of residents. Records should show when monies are returned to residents when discharged from the home. Records of all transactions undertaken by staff should be signed by the resident, or their representative, and a member of staff. If the resident, or their representative, is unable to sign or chooses not to sign then two members of staff should sign the record. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 **Ref:** Standard 4.2 **Stated:** First time **To be completed by:** 15 March 2025	The responsible individual shall ensure that each resident, or their representative, is provided with an individual financial agreement. The agreement should include the arrangements for any financial transaction undertaken on behalf of the resident. The agreements should be signed by the resident, or their representative, and a representative from the home. Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 **Ref:** Standard 21.1 **Stated:** First time **To be completed by:** 15 March 2025	The responsible individual shall ensure that the home's financial policies and procedures are updated to reflect current practices operated at the home, in relation to the management of residents' finances. The policies should include the procedure for staff accompanying residents on outings and the procedure for providing transport to residents. Staff should sign to indicate that they have read and understood the revised policies and procedures.

	Ref: 2.0
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 **Ref:** Standard 23.3 **Stated:** First time **To be completed by:** 1 April 2026	The registered person shall ensure that mandatory training needs are met for staff. This is stated in relation to safeguarding training. Ref: 3.3.1
	Response by registered person detailing the actions taken: All staff have completed Safeguarding Levels 1 and 2 (100%). 79% of staff have completed Safeguarding Level 3 and others have been booked to complete by end of April 2026.
Area for improvement 5 **Ref**: Standard 21 **Stated:** First time **To be completed by:** 1 April 2026	The registered person shall review and update the home's falls policy in accordance with best practice guidelines. Ref: 3.3.2
	Response by registered person detailing the actions taken: The home have now fully implemented the DoH guidance for Care Homes regarding the management of post-falls care. This includes introducing the 24-hour post-fall observation chart.
Area for improvement 6 **Ref**: Standard 13 **Stated:** First time **To be completed by:** 1 April 2026	The registered person shall ensure the programme of activities is displayed in a suitable format and location, for residents. Ref: 3.3.2
	Response by registered person detailing the actions taken: These activities are clearly displayed in the communal areas and this is monitored through the monthly monitoring visits.
Area for improvement 7 **Ref**: Standard 8.3 **Stated:** First time **To be completed by:** 1 April 2026	The registered person shall ensure a summary report of a period of respite care is compiled, and shared with the resident's carer and commissioning Trust. Ref: 3.3.3
	Response by registered person detailing the actions taken: This has been fully implemented.

Area for improvement 8 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 1 April 2026	The registered person shall ensure that each resident has an individual and up to date care plan. This is stated in relation to care plans for one to one supervision containing sufficient detail to direct staff. Ref: 3.3.3
	Response by registered person detailing the actions taken: All individuals' care plans have been updated to accurately identify their individual levels of support
Area for improvement 9 **Ref:** Standard 27 **Stated:** First time **To be completed by:** 01 June 2026	The registered person shall ensure that an audit of the environment is completed, to make the environment more personalised and homely for residents. This should also consider signage for residents to orientate them to the home Ref: 3.3.4
	Response by registered person detailing the actions taken: An environmental audit is planned to take place before the end of May 2026.
Area for improvement 10 **Ref:** Standard E8 **Stated:** First time **To be completed by:** 1 December 2026	The registered person shall ensure a call bell system is available for residents and staff in the home. Ref: 3.3.4
	Response by registered person detailing the actions taken: The call bell system is now place.
Area for improvement 11 **Ref:** Standard 36 **Stated:** First time **To be completed by:** 1 April 2026	The registered person shall ensure the environment is managed to minimise the risk of infection. This is stated in relation to mops being stored correctly ,and items not being stored on floors in storerooms Ref: 3.3.4
	Response by registered person detailing the actions taken: New holders are now in place for the storage of mops and the floors in the storerooms have been cleared.

Area for improvement 12 **Ref:** Standard 35.7 **Stated:** First time **To be completed by:** 12 February 2026	The registered person shall ensure that all staff employed in the home adheres to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual (PHA) Specifically that staff are bare below the elbow. Ref: 3.3.4
	Response by registered person detailing the actions taken: This has been addressed by the manager and is monitored through supervisions and daily observations

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